

Exhibit C

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OF COUNSEL

September 2, 2014

VIA U.S. FIRST CLASS MAIL

Mr. Terrance J. Miglio
Varnum LLP
39500 High Pointe Boulevard, Suite 350
Novi, Michigan 48375

Re: *Natalie Reeser vs. Henry Ford Hospital*
USDC Case No.: 2:14-cv-11916-GCS-MJH (*Hon. George Caram Steeh*)
Our File No.: 14-15246

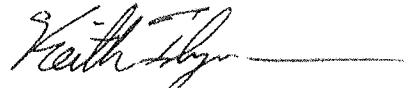
Dear Mr. Miglio:

Enclosed please find the waivers that should have accompanied our First Set of Interrogatories, in the above-referenced matter:

If you should you have any questions, please do not hesitate to contact me.

Sincerely,

MILLER COHEN, P.L.C.



Keith D. Flynn, Esq.

/db
Enclosures

cc: Mr. Bruce A. Miller (w/o encl.)
Ms. Natalie Reeser

NPI # 1861753725

AUTHORIZATION FOR THE RELEASE
AND DISCLOSURE OF PSYCHOTHERAPY NOTES

To: DR. REZA KAHNAMOWE MD.
43301 Commons DR. Clinton twp
Michigan. 48038

I, Natalie K. Reeser, d/o/b December 31, 1980 SS # [REDACTED] 3156, authorize the above-named entity to release and disclose to Varnum LLP, 39500 High Pointe Blvd., Suite 350, Novi, Michigan 48375, and Michigan Legal Copy, 4121 Okemos Road, Suite 12, Okemos, Michigan 48864, any and all documents and records that constitute psychotherapy notes reflecting my past and present mental health condition and treatment, including but not limited to:

Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session, intake forms, patient history forms, including a psychiatrist's, psychologist's, social worker's, therapist's, counselor's or any other mental health professional's personal working notes and/or process notes that are separated from the rest of the identifiable medical record and/or protected health information.

I understand that these psychotherapy notes are being released and disclosed for use in a legal action or other proceeding in which I am involved.

I understand that once these psychotherapy notes are released and disclosed pursuant to this Authorization, they may be subject to redisclosure by the recipient(s) and no longer be protected by law.


I understand that signing this Authorization is voluntary and that I may refuse to sign this Authorization.

I understand that treatment, payment, enrollment or eligibility for benefits may not be conditioned upon my signing this Authorization, unless a legal exception applies.

A photocopy of this authorization shall be acceptable as the original.

I understand that I have the right to revoke this Authorization at any time, in writing, except to the extent that action has been taken in reliance upon it. To revoke this authorization, I must submit a written revocation to above-named entity.

This authorization will expire six (6) months from the date it is signed.

Signed: 
Natalie K. Reeser

Date: 7-1-14

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NPI # 1861753725

**AUTHORIZATION FOR THE RELEASE AND DISCLOSURE
OF MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION**

To: DR. REZA KAHNAMOWEI MD,
43301 Commons DR. Clinton twp
Michigan 48038

I, Natalie K. Reeser, d/o/b December 31, 1980 SS # [REDACTED] 8156, authorize the above-named entity to release and disclose to Varnum LLP, 39500 High Pointe Blvd., Suite 350, Novi, Michigan 48375, and Michigan Legal Copy, 4121 Okemos Road, Suite 12, Okemos, Michigan 48864, any and all protected health information, medical records and documents reflecting my past and present physical and mental health condition and treatment, including but not limited to:

1. Health records, treatment records, diagnostic records, pre-employment physical examination screenings; pre-employment drug testing, post-employment physical examination screenings, post-employment drug testing, physician and physical exam records, occupational health records, patient charts, in-take forms, examination forms, clinical/therapy notes, progress notes, assessments, evaluations, diagnosis reports, prescriptions, memoranda, pathology reports, laboratory test reports, operative reports, radiology reports, radiologic and MR scans, x-rays, x-ray reports, discharge summaries, emergency care reports, history and physical examination reports, diagnostic imaging reports, consultation reports, outpatient clinic records, correspondence, communications to and from other health care providers, correspondence to and from attorneys, subpoenas, billing records, appointment notices, insurance records and telephone messages;
2. Records reflecting behavioral or mental health diagnosis, tests, treatment and counseling, including psychiatric, psychological and social services records, and communications made to a social worker; information pertaining to counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, medication prescription and monitoring, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. (Note: this Authorization does NOT authorize the release of psychotherapy notes as defined by 45 CFR §164.501, the release of which is authorized by a separate Authorization);
3. Records pertaining to drug and alcohol abuse diagnosis and treatment;
4. Records regarding treatment for human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC), sexually transmitted diseases and communicable diseases;
5. Records regarding accident reports, workers' compensation claims, and insurance records; and,
6. Any other records in your possession, custody or control.

I understand that these medical records and protected health information are being released and disclosed for use in a legal action or other proceeding in which I am involved.

I understand that once these medical records and protected health information are released and disclosed pursuant to this Authorization, they may be subject to redisclosure by the recipient(s) and no longer be

protected by law.

I understand that signing this Authorization is voluntary and that I may refuse to sign this Authorization. I understand that I may inspect or copy the medical records and protected health information which have been released and disclosed.

I understand that treatment, payment, enrollment or eligibility for benefits may not be conditioned upon my signing this Authorization, unless a legal exception applies.

A photocopy of this authorization shall be acceptable as the original.

I understand that I have the right to revoke this Authorization at any time, in writing, except to the extent that action has been taken in reliance upon it. To revoke this authorization, I must submit a written revocation to the above-named entity.

This authorization will expire six (6) months from the date it is signed.

Signed: 
Natalie K. Reeser

Date: 2-1-14

AUTHORIZATION FOR THE RELEASE AND DISCLOSURE OF
EMPLOYMENT RECORDS

TO:

I, Natalie K. Reeser, d/o/b December 31, 1980 SS # [REDACTED]-8156, authorize the above-named entity to release and disclose to Varnum LLP, 39500 High Pointe Blvd., Suite 350, Novi, Michigan 48375, and Michigan Legal Copy, 4121 Okemos Road, Suite 12, Okemos, Michigan 48864, any and all information which may be requested including, but not limited to:

1. Employment records, earnings and payroll records, W-2 forms, employment applications, personnel file(s), departmental file(s), performance evaluations, medical file(s), physician and physical exam records, correspondence, accident reports, workers' compensation and/or unemployment claims, insurance records, financial/retirement account records, benefits records, time cards or attendance sheets; and
2. Any other records in your possession or control.


A photocopy of this authorization shall be acceptable as the original.

I understand that these records are being released and disclosed for use in a legal action or other proceeding in which I am involved.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that action has been taken in reliance upon it. To revoke this Authorization, I must submit a written revocation to the above-named entity.

This Authorization will expire six (6) months from the date it is signed.

Signed:


Natalie K. Reeser

Dated:

7-1-14

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

NATALIE REESER,

Plaintiff,

Case No.: 2:14-cv-11916-GCS-MJH

Hon. George Caram Steeh

v.

HENRY FORD HOSPITAL,

Defendant.

MILLER COHEN, P.L.C.
Keith D. Flynn (P74192)
Attorney for Plaintiff
600 W. Lafayette Blvd., 4th Floor
Detroit, MI 48226-0840
(313) 964-4454 Phone
(313) 964-4490 Fax
kflynn@millercohen.com

MILLER COHEN, P.L.C.
ATTORNEYS AND COUNSELORS AT LAW
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DETROIT, MICHIGAN 48226-0840
(313) 964-4454

PROOF OF SERVICE

DIANE BOXIE, an employee of MILLER COHEN, P.L.C., says that on *September 2, 2014*, she caused to be served the following documents:

1. AUTHORIZATION FOR THE RELEASE AND DISCLOSURE OF PSYCHOTHERAPY NOTES
2. AUTHORIZATION FOR THE RELEASE AND DISCLOSURE OF MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION
3. AUTHORIZATION FOR THE RELEASE AND DISCLOSURE OF EMPLOYMENT RECORDS

along with this *Proof of Service*, upon:

Mr. Terrance J. Miglio
Varnum LLP
39500 High Pointe Boulevard, Suite 350
Novi, Michigan 48375

via *U.S. First Class Mail* by enclosing same in a sealed envelope with postage fully prepaid, and by depositing same in a United States Postal Receptacle in Detroit, Michigan.

Diane Boxie
DIANE BOXIE

Subscribed and sworn to before me on
this 2nd day of September 2014

Kathryn L. Golba
Kathryn L. Golba, Notary Public
Wayne County, MI
My Commission Expires: 02/20/2019

MILLER COHEN, P.L.C.
ATTORNEYS AND COUNSELORS AT LAW
600 WEST LAFAYETTE BLVD.
DETROIT, MICHIGAN 48226-0840
(313) 964-4454